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SIPDIS

STATE FOR OES/IHA (CRODDY/FOSTER), WHA/CAN (NELSON),  
WHA/RA (ALLEN)

DHHS FOR ASSISTANT SECRETARY SIMONSON

DHHS FOR KAREN BECKER

DHHS FOR BILL STEIGER AND ROSE BROWNRIDGE, OFFICE OF  
GLOBAL HEALTH

CDC FOR ROBERT BALDWIN, OFFICE OF GLOBAL HEALTH

CDC FOR ROBERT SPEAR, PUBLIC HEALTH LAW PROGRAM

E.O. 12958: N/A

TAGS: [TBIO](#) [KSCA](#) [SOCI](#) [PREL](#) [CA](#) [WHO](#) [KSTH](#)

SUBJECT: Public Health Emergency Governance in Canada

Ref. Ottawa 145 (Canada/US health cooperation)

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Summary  
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1. In Canada the provincial governments have the primary responsibility for health matters, including managing public health emergencies. The federal authorities do play an important coordination role between the provinces, with other countries and the WHO. In addition to that role, the federal authority, the Public Health Agency of Canada, has specialized laboratory assets as well as public health specialists, available to assist the provinces. This cable presents an overview of public health emergency governance in Canada, which may be useful to U.S. agencies dealing with Canadian counterparts. End summary.

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Roles are mixed  
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2. The Canadian Constitution's few explicit references to health-related matters grant both levels of government jurisdiction. The Constitution confers jurisdiction over "hospitals" and "asylums" on provinces, and jurisdiction over "quarantine" and "marine hospitals" on the federal government. These provisions can be interpreted as dividing jurisdiction over public health, with the provinces governing local public health matters, and the federal government attending to public health risks that arise at Canada's international borders

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Provincial Role  
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3. The SARS crisis in 2003 illustrated that primary public health monitoring and infectious disease response is managed at the provincial level. For example, the Government of Ontario declared Severe Acute Respiratory Syndrome (SARS) to be a provincial emergency, and made SARS a reportable disease under Ontario's Health Protection and Promotion Act. As well, provincial health authorities extended restrictive hospital measures to all hospitals in the province and asked thousands of residents of Toronto to quarantine themselves at home for 10 days.

4. The courts have held that provinces possess jurisdiction over public health, including legislation for the prevention of the spread of communicable diseases, and sanitation. The provinces have exercised this jurisdiction to engage in health surveillance (including reporting and tracking), outbreak investigations, quarantine, isolation, and mandatory treatment.

5. Public health activities in each province and territory are governed by a public health act (or equivalent) and its regulations, as well as by other specific legislation (e.g., Ontario's Immunization of School Pupils Act). Some public health acts are decades old. Ontario (1983), Saskatchewan (1994), and Quebec (2002) all have modernized legislation; British Columbia, Nova Scotia, Prince Edward Island and the Northwest Territories are all reviewing or rewriting their acts. The older acts tend to be mainly concerned with infectious diseases and specific in the powers

given to public health officials, while the newer acts are more flexible. All public health acts have regulations; these vary from province to province. The planning and delivery of services is mostly devolved to regional/local structures, with responsibility usually assumed by elected and/or appointed boards. The following overview moves from the local to Provincial and territorial levels.

16. Local service delivery across Canada is typically through the health departments of regional health authorities or districts, or (in Ontario) through health units and municipal health departments. The populations served by the relevant units range from 600 people to 2.4 million people, with catchment areas from 4 square kilometers to 800,000 square kilometers. There are approximately 139 such local/regional agencies serving urban, rural and isolated areas, covering the population of Canada, exclusive of some Aboriginal communities.

17. Each local/regional public health agency has a position for a medical officer of health (MOH) - a licensed physician with post-graduate training in public health. Some smaller health units find it difficult to attract medical officers of health or provide the full range of services. For example, in Saskatchewan, partly for this reason, adjacent districts have arranged to share either the medical officer of health or the entire public health agency.

18. Each province or territory has a chief medical officer of health (CMOH) or equivalent. The CMOH may also be the director of the public health branch of the provincial or territorial government, or these may be separate positions. The senior public health physician sometimes also holds an Assistant Deputy Minister position. In Quebec, the Assistant Deputy Minister for public health by law is a physician with a specialist qualification in community medicine. The reporting relationships of the CMOH within the provincial and territorial governments vary considerably, as provinces have balanced a desire to ensure the independence of the CMOH as a health advocate with the need to integrate his or her portfolio into ministries of health.

19. Each province and territory also has public health staff within the provincial government. This staffs typically engage in planning, administering budgets, advising on programs, and providing assistance to local staff for serious incidents. The British Columbia Centre for Disease Control (BC CDC), established in 1997, to take responsibility for provincial-level management of infectious disease prevention and control, including laboratories, is perhaps the most sophisticated. Division directors and other key scientific and medical staff in the BC CDC hold appointments at the University of British Columbia, and have protected time to enable academic activities.

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Federal Role  
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10. The federal government has powers relating to entry-exit controls. For example, after being informed of the SARS situation, the federal government immediately activated protocols to track potentially infected passengers arriving from the epicenters in Vietnam and China. In instances where a returning passenger exhibited SARS symptoms, the passenger manifests for that person's flights to Canada were examined and provincial or territorial public health authorities contacted the other passengers to determine if any were exhibiting SARS symptoms. Health Canada also began distributing Health Alert Notices to international passengers arriving in or returning directly to Canada from affected areas in Asia, which advised passengers to see a physician if they began to have symptoms related to SARS.

11. In a worst-case scenario, the federal government could invoke the Quarantine Act. According to GoC documents "The Quarantine Act would authorize the federal authorities to detain persons, goods or conveyances on suspicion that the persons, goods and conveyances might introduce a dangerous communicable disease into Canada. The authority permits detention without due process for a period of 48 hours in order to undertake a medical examination of persons, analysis of goods or inspection of conveyances. If detention is required beyond 48 hours, the federal authorities must present evidence for a continuation of the detention in a federal court. These powers also apply to persons and conveyances leaving Canada for another country."

12. At the federal level, the most relevant organization is the Public Health Agency of Canada (PHAC). Precipitated by lessons-learned from the 2003 SARS crisis, PHAC was formed in September 2004 to coordinate federal efforts in identifying and reducing public health risks and to support national readiness to respond to health crises. Created from elements of Health Canada's former Population and Public Health Branch, the organization has dual headquarters in Winnipeg, Manitoba and Ottawa, Ontario and also has regional offices across Canada. Its components include Centers for Infectious Disease Prevention and Control, Chronic Disease Prevention and Control, Emergency Preparedness and Response, Surveillance Coordination, and Healthy Human Development. PHAC has oversight of the National Microbiology Laboratory in Winnipeg, a level 4 Bio-containment facility. PHAC also manages the Laboratory for Foodborne Zoonoses in Guelph, Ontario. A Chief Public Health Officer, currently Dr. David Butler-Jones, heads the agency. He reports to the Minister of Health.

12. PHAC is the focal point for Canadian coordination with the World Health Organization and other international partners such as the U.S. Centers for Disease Control and Prevention. PHAC also issues travel advisories on behalf of the federal government with regard to travel to foreign locations. Canada's travel health advisories are available at [www.TravelHealth.gc.ca](http://www.TravelHealth.gc.ca).

13. In addition, Canada's federal food safety, animal health and plant protection enforcement agency, the Canadian Food Inspection Agency (which delivers all federal inspection services related to food; animal health; and plant protection) would work with PHAC in those instances where there is a animal, plant, or food-borne component to the human public health issue.

Dickson